

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1146

Registration District No. 399

Primary Registration District No. 1002

State File No. _____
Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1226 1/2 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs years, months or days

3. (a) PRINT FULL NAME CHARLES MATTISON COUCH

3. (b) If veteran, name war no 3. (c) Social Security No. 496-09-4420

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 31 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Humpyreys, Sullivan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Leander Couch
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mariah Thompson
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant H.H. Renfro, Walter Tipton-Odd, & Mrs. A.E. Ellis, niece
(b) Address 418 Marsh

17. (a) Burial (b) Date thereof 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director C.H. Blattman & Son, Inc.
(b) Address 2825 Independence Blvd

19. (a) Jan. 6, 1942 (b) M. M. Groom
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1226 1/2 Campbell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1942 hour 8 minute 20 P M.

21. I hereby certify that I attended the deceased from Jan 1 - 4 1942 to Jan 4 - 4 1942
that I last saw him alive on Jan 1 - 1942
and that death occurred on the date and at the place stated above.
Immediate cause of death Septicemia

Due to Arterio Sclerosis Don't know
Myocardial Regurgitation Don't know
Dead from Cardiac Arrest Don't know

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no autopsy 926

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature E.S. Askel (M. D. or other) 1-6-42
Address 906 N 7th St Date signed _____

Huron Bldg. Fa 2025 K C Kans
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2244

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.